

**APPLICATION FOR AUTHORITY  
TO COLLECT CONNECTICUT  
USE TAX**

STATE OF CONNECTICUT  
**DEPARTMENT OF REVENUE SERVICES**  
25 Sigourney Street, Hartford CT 06106

**REG-7**  
(New 6/89)

DO NOT WRITE IN THIS BLOCK  
TAX REGISTRATION NUMBER

**IMPORTANT!  
READ INSTRUCTIONS  
BELOW**

DRS USE ONLY					
TAX	REG	TR	AD		
00				1. LEGAL NAME OF BUSINESS (OWNER'S NAME, PARTNERS' NAMES, OR CORPORATE NAME)	2. FEDERAL EMPLOYER I.D. NUMBER
00				3. TRADE OR REGISTERED NAME OF BUSINESS IF DIFFERENT FROM ITEM 1 ABOVE	
00				4. PHYSICAL LOCATION OF THIS BUSINESS (P.O. Box is not acceptable) (ZIP + 4)	PHONE NUMBER
00				5. BUSINESS MAIL ADDRESS IF DIFFERENT FROM ITEM 4 ABOVE (ZIP + 4)	
00				6a. NAME AND HOME ADDRESS OF OWNER, PARTNER OR CORPORATE OFFICER (ZIP + 4)	
00				6b. NAME AND HOME ADDRESS OF PARTNER OR OFFICER (ZIP + 4)	
00				6c. NAME AND HOME ADDRESS OF PARTNER OR OFFICER (ZIP + 4)	
7. TYPE OF ORGANIZATION:					
<input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER (Explain)					
8. DATE THIS BUSINESS STARTED MAKING SALES INTO CONNECTICUT				9. IF A CORPORATION, GIVE STATE OF INCORPORATION	
M / D / Y					
10. DESCRIBE IN DETAIL THE TYPE OF BUSINESS YOU OPERATE					

11. **SIGNED:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

DRS USE ONLY		TAX	REC	TRANS	REGISTRATION DATE	SIC CODE	TYPE ORG	STATE	LEGAL DATE	AMOUNT SUBMITTED		
LEVEL 2		00	10	2	/ /				/ /	0		
LEVEL 6		TAX TYPE		REC TYPE	TRANS	REGISTER DATE		START DATE		BUS TOWN	SRCE	LIAB. CODE
		11		10	2	/ /		/ /		170	01	5
		FIL CODE		TYPE FIL	MAIL CODE	SECURITY NUMBER		SECURITY DATE		SECURITY AMOUNT		FEE REMITTED
		1130		1	1			/ /				0

**INSTRUCTIONS**

1. Indicate the exact legal name of business for which this application is being completed. If sole proprietorship or partnership, indicate legal name or names of owners.
2. Indicate the Federal Employer Identification Number assigned to this business. Sole proprietors not assigned a Federal Employer Identification Number may indicate the sole proprietor's Social Security Number.
3. Indicate the trade name of this business if different from Item 1. If not different, indicate "same as above".
4. Indicate the physical location of this business (number and street address, city, state and zip code) and phone number. Do not indicate a post office box number.
5. Indicate a business mailing address if different from Item 5. If not different, indicate "same as above".
6. Indicate the name and home address of the owner or each partner or each corporate officer. Attach a list if more space is needed.
7. Check the appropriate box.
8. Indicate the date on which this business started to make sales into Connecticut.
9. If this business is incorporated, indicate the State under the laws of which it is incorporated.
10. Describe fully the activities of this business, particularly its sales activities connected with Connecticut.
11. This application must be signed by an owner, partner or corporate officer.